

Registration form for a French language holiday

Participant

Family name Gender

First name Program

Date of birth Height (cm) Weight (kg)

Address

Address line 2

Zip code City

Country

Cellphone

E-mail

Native language

How will he/she travel?

Code of stay

Date of stay

Level in French

Orale comprehension Orale expression

Written comprehension Written expression

CEFR level

Specific Activities

Activity choice Optional activity

References

How do you hear about FiL

Similar language camp at

Similar language camp date

Bitte senden Sie Ihr Anmeldeformular an:

info@edulingo.de oder Fax: +49 (0)881 927 96 561

Edulingo Sprachreisen Lydia Kreyer, Admiral-Hipper-Str. 21, 82362 Weilheim

Responsible person

Responsible person		
Family name		
First name		
Landline number		Cellphone
Fax number		
Contact language		
Remarks		

As part of our stays, we offer to the participants to go back home with the contacts of his/her friends from their group.

☐ I authorise FIL to give my son/ daughter's contact details (name, address, e-mail) to his/her group friends

☐ I do not authorise FIL to give my son/ daughter's contact details (name, address, e-mail) to his/her group friends

AGREEMENT AND SIGNATURE

"I have carefully read the general conditions and the terms of payment and cancellation. I have well explained the general conditions to the participant.

I confirm the registration and I agree with all the below-mentioned terms".

Date :

Place:

Family name (responsible person):

Signature :

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GENERAL CONDITIONS

Please keep in your records

How to book ?

- Send us your pre-registration form: fill it online through our website or download it. Return this form at our central booking office (see below). After filling the pre-registration form, you will receive a copy of the pre-filled completed registration form.
- As soon as we received your registration form, a confirmation along with an order form by e-mail or post will be sent to you with our bank details. At the same time, we kindly request a down payment of EUR 400. Your registration is valid as soon as we receive the down payment and a copy of the order form with your signature.
- Few weeks before the beginning of the stay, you will receive practical informations. The full payment of the balance must be paid a month before the beginning of the stay. (if you register within the month before the the stay, you are required to pay the whole amount of the stay).

General conditions

- Your registration is recorded and valid as soon as we receive the down payment (EUR 400) and the "signed order form".
- The number of participants per programme is limited.
- FIL has the right to cancel a stay or refuse a registration. In that case, FIL will reimburse you from the amount of money already received.
- The participant commits to :
 - express himself / herself in French;
 - contribute to the good atmosphere among the group;
 - following and respecting the instructions given by the directors and group leaders from FIL;
 - NO smoking without parental permission;
 - NO having, consuming, sell or buy alcoholic beverages or drugs.
- # filling the "medical form" as well as the general information form, in order to provide FIL with all that is required to insure the proper monitoring of each participant.
- In case of non-compliance with these rules, FIL has the right to send the participant home.
- If for reasons beyond our control, an activity cannot be performed, FIL reserves the right to replace with a comparable activity.
- FIL declines any responsibility or liabilities for a loss of valuables (smartphones, mobile phones, MP3 players, etc.)
- It is forbidden to bring laptops, tablets and portable DVD-players. If the participant brings ones of those items for use during the stay (from his travel home to FIL), the item must be left at the director's office during the stay.
- It may be necessary to regulate the use of mobile phones during the stay for the good of the participant and the group.
- FIL - Français Immersion Loisirs, reserves the right to use pictures taken during the stays for its publication. The customers can let us know through any written way-until the end of the stay- if they disagree with publication of pictures on which they appear.
- **The participant will be responsible for complying with the security regulations, the regulations governing the obtaining of a visa, and the health regulations required to enter and stay in France. Under no circumstances will FIL be held liable for any notice of refusal to enter or stay in France given to a participant.** Information relating to the regulations governing security, health and obtaining a visa can be obtained from the French Embassy or Consulate in the participant's home country. No reimbursement will be made, either in full or in part, in the event that a participant is refused permission to enter or stay in France by his/her own fault. FIL will provide a letter of invitation for the visa application following receipt of all the costs of the language course.

Terms of cancellation

In case of cancellation from your side, you will owe FIL :

- If you need to cancel more than 60 days before the beginning of the stay: you will owe FIL EUR 150 for administrative costs
- If you need to cancel between 30 and 59 days before the beginning of the stay: you will owe FIL the advance payment of EUR 400
- If you need to cancel from 29 days before the beginning of the stay: you will owe FIL the entire amount
- A cancellation must be made in writing (email, fax or by post)
- If you bring an alternative person to take your place, you will not have to pay any cancellation fee.

Insurance

For its participants and the FIL team, FIL has subscribed a liability insurance (third party damage) which can cover some expenses in result of an accident which happened during the stay but will not replace in any case your personal medical / travel insurance. Our insurance does not include the risk of lost and damaged baggage neither. FIL highly recommends you to subscribe a personal worldwide travel insurance protection in order to cover treatment expenses which result of the accident or disease which occurs during the stay, eventual compensations in case of cancellation or early return back home. FIL will not reimburse activities the participant could have missed during his stay (for medical reason or other).

Privacy policies

The gathered information is used for internal computer treatment meant for subscriptions and for the organization of the language course. Only the administrative staff and the teachers have access to this information. According to the French law "Information Technology and Liberties" - 6th of January 1978 - you have the right of access and modification of the information which concerns you. If you want to use your right and obtain communication of this information, please contact FIL - Français Immersion Loisirs, Mas de Lacroix, 66470 Sainte Marie La Mer, France.



Please keep in your records

Check list of the things to send to submit your child's registration :

- ☐ The copy of vaccine card or a medical certificate attesting that the vaccines are updated
- ☐ A copy of the participant's ID proof
- ☐ The down payment or the entire stay's price as it is precised on your order form
- ☐ The form « your journey /transportation» = send us by mail, fax or post as soon as possible : we can help you to choose the best way to come to FIL

To be sent by post:

- ☐ "Bon de commande" signed as agreed and sent by post
- ☐ The registration form completed and signed
- ☐ Swimming certificate delivered by a professional
- ☐ 2 passport size pictures
- ☐ The medical form 2014 completed and signed

summer 2014

SWIMMING CERTIFICATE

Dear parents,

Your child is registered for a stay at our language camp FIL. He/she will participate in language workshops and out-door activities including nautical activities.

According to the French law in order to protect minor, we have to ask for a certificate called «PREVIOUS TEST FOR NAUTICAL AND AQUATIC ACTIVITIES IN A SUMMER CAMP» delivered by a swimming instructor.

You can : make this certificate filled, signed and stamped by a swimming instructor or join an equivalent swimming certificate for 25 meters long.

In case of non-receiving this certificate, FIL and its partners will refuse your child participation to those nautical activities.

SWIMMING CERTIFICATE (to be filled by a swimming instructor)

I undersigned.....

Swimming instructor at..... (city+country)

testifies that (child's Last name+first name)

born on (date of birth DD/MM/YYYY)

Can move on a 25 meter long distance and passing through a non straight line without showing any signs of panic.

The process is realised in a 1,80 meter deep pool and the departure is done in a voluntary back drop, a jump or a dive.

Date :

Signature :

Stamp

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Please keep in your records

PERSONAL INFORMATION JOURNEY

FORM TO SEND US AS SOON AS YOU KNOW ABOUT YOUR CHILD'S TRIP

Participant's name ...:

° **ARRIVAL the first day of the course (cross out the useless mention):**

- ☐ by car with family / friends
- ☐ by train with FIL from: Belgium / Lille / Paris Roissy Charles de Gaulle
- ☐ by train alone arriving at Perpignan / Figueras railway station
- ☐ by plane at: Perpignan airport / Girona airport / Barcelona airport
- if by plane, précise : unaccompagné minor YES / NO

Arrival time:

Train or flight number:

Air company:

Group transfer: YES / NO

Individual transfer: YES / NO

° **DEPARTURE the last day of the course (cross out the useless mention):**

- ☐ by car with family / friends
- ☐ by train with FIL to : Belgium / Lille / Paris Roissy Charles de Gaulle
- ☐ by train alone leaving from Perpignan railway station
- ☐ by plane from : Perpignan airport / Girona airport / Barcelona airport
- if by plane, précise : unaccompagné minor YES / NO

Arrival time:

Train or flight number:

Air company:

Group transfer: YES / NO

Individual transfer: YES / NO

NB : prices and schedules of transfers mentioned on the document "JOURNEY INFO"

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To be fill on screen before printing



**ATTACH
PASSPORT
PHOTO
2x please**

FICHE MÉDICALE/ MEDICAL FORM - 2014

(Toutes les informations contenues dans cette fiche sont confidentielles.)

All information on this medical sheet is confidential)

sign this form and return it asap !

Please complete this FILLABLE PDF FORM ON SCREEN in ENGLISH or in FRENCH ONLY

Merci de remplir ce document PDF REMPLISSABLE À L'ECRAN UNIQUEMENT en FRANÇAIS ou en ANGLAIS

Last name/

Nom

First name/

Prénom

Select Program :

Select Date :

HISTORIQUE SANTÉ (Previous Medical history)

- Maladies, handicaps ou interventions chirurgicales (disease, disability or hospitalisations) :

- Allergies:

Please write it precisely (for food allergies see page 2)

- Problèmes psychiques et sociaux : (psychic, social & eventual educational problems)

- Traitement en cours et à suivre pendant le séjour : (treatment or medication needed during the stay)

ATTENTION : please bring along the medication in the original packing and with the instructions for use!

- Port de lunettes/lentilles (glasses/lenses) : ☐ Yes ☒ No

- Prothèse dentaire (dental prosthesis) : ☐ Yes ☒ No

- Vaccinations valides : (valid vaccinations)

ATTENTION : according to the **French law**, following obligatory vaccinations need to be up-to-date :

☐ diphtheria ☐ Tetanus ☐ Polio

Please check if your child's vaccinations are up-to-date and to sign the below declaration.

Better still is to attach a photocopy of your child's vaccination card to this 'fiche médicale'

If your child did not get these vaccinations, we need a medical certificate with the contra-indication or the reason for non-administration (which should be dated less than 3 months) . Thank you.

POUR VOTRE INFORMATION : (for your information)

- Problèmes pendant le séjour : (problems during the language course)

Prière de nous contacter directement en cas de problème de votre enfant durant son séjour au centre.

If your child contact you directly about a problem during his/her stay, without first notifying our team. We would be grateful if you would contact us at once in order to inform us.

- Alcool & drogues (alcohol & drugs) : **Strictement interdit ! strictly forbidden !**

Si nous trouvons votre enfant en consommer, nous vous informons immédiatement. Nous nous réservons le droit de le renvoyer chez vous à vos frais et sous votre responsabilité.

In case of drug- or alcohol abuse, the child will get a warning and parents will be notified. We reserve the right to immediately send your son/daughter home, at your expense and responsibility.

- Médicaments : Medecine : *FIL ne peut administrer à votre enfant des médicaments qu'avec une prescription médicale. Merci de nous fournir une ordonnance datant de moins de 3 mois pour tout médicament que votre enfant aura sur lui.*

FIL's team will not administer drugs without a medical prescription. If your child needs to take medicine during her/his stay at FIL, please send us the medical prescription (which should be dated less than 3 months)

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NOURRITURE (nutrition/food) *Allergies alimentaires* Please mention here the medical allergies only
Allergies (food allergies) :

Merci de joindre un certificat médical pour les régimes alimentaires particuliers
Please join a medical certificate regarding allergies for having a particular diet.

I am a vegetarian : ☐ Yes ☒ No : if yes, precise if you eat fish and sea food and/or eggs products

Autres remarques concernant la nourriture/Other remarks regarding Food (religious, intolerance...) :

AUTORISATIONS & DÉCLARATIONS: (permissions and declarations)

1. Sports (can do sports) ☒ Yes ☐ No

sports dont la pratique n'est pas autorisée (not allowed)

Merci de remplir le formulaire « Attestation de natation » / Please fill the form called « Swimming certificate »

2. Tabac (smoking) :

For 12-14 year olds **smoking is completely forbidden !**

For 15-18 year olds smoking is only allowed with parent's permission.

Is allowed to smoke : ☐ Yes ☒ No

3. Déclaration vaccinations valides : (declaration of valid vaccinations)

Soussigné(e), père/mère du participant mentionnée ci-dessus, déclare qu'il/elle est à jour avec toutes ses vaccinations obligatoires (the undersigned, mother/father of the participant declares that her/his child has had all the obligatory vaccinations) ☒ Yes ☐ No

4. Autorisation de voyager : (permission to travel)

Soussigné(e), père/mère/tuteur du participant mentionnée ci-dessus, donne permission à son enfant pour partir en voyage en France aux dates mentionnées ci-dessus, accompagné par FIL-Français Immersion Loisirs (the undersigned, mother/father of the participant, gives permission to her/his child to travel to France during the above-mentioned dates and in the company of FIL-Français Immersion Loisirs) ☒ Yes ☐ No

5. Autorisation soins médicaux : (permission for medical treatment)

Par la présente, je donne l'autorisation aux responsables de FIL-Français Immersion Loisirs de faire apporter des soins médicaux urgents à ma fille/mon fils. (the undersigned gives permission to the FIL-Français Immersion Loisirs responsible to let the necessary urgent medical treatment be given) ☒ Yes ☐ No

JE DÉCLARE EXACTS LES RENSEIGNEMENTS NOTÉS SUR CETTE FICHE ET JE DONNE LES AUTORISATIONS MENTIONNÉES CI-DESSUS/ I AGREE WITH THE ABOVE PERMISSIONS AND DECLARATIONS :

Nom (Responsible)/ Last Name (responsible person) :

Date :

Signature :